

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 08:00 AM
Secretary of State

DOCUMENT # N97000002192 1. Entity Name LIFE GATEWAY MINISTRY OF GAINESVILLE, INC.					
Principal Place of Business 1720 NW 12TH ST GAINESVILLE FL 32609			Mailing Address 1720 NW 12TH ST GAINESVILLE FL 32609		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number NO-T APPLICABLE	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent LAMB, TROY 1720 NW 12TH ST GAINESVILLE FL 32609				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
U00000469812 03/27/06-80014-014 70.00					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when terminating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Add
NAME	LAMB, TROY		NAME		
STREET ADDRESS	1720 NW 12TH ST		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32608		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Add
NAME	ROBINSON, CLEVE		NAME		
STREET ADDRESS	314 REDWATER LAKE RD		STREET ADDRESS		
CITY-ST-ZIP	HAWTHORNE FL 32640		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Add
NAME	CROWN, SCOTT		NAME		
STREET ADDRESS	2269 NW 38 AVE		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32605		CITY-ST-ZIP		
TITLE	ST	☐ Delete	TITLE		☐ Change ☐ Add
NAME	LAMB, PAMELA		NAME		
STREET ADDRESS	1720 NW 12TH ST		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32609		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE		☐ Change ☐ Add
NAME	ROBINSON, G.E.		NAME		
STREET ADDRESS	1720 N.W. 12 STREET		STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL 32609		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Add
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *G E Robinson, Pastor* *March 12, 2006* *352-325-6...*